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Case Study

A BREAKTHROUGH APPROACH IN MANAGING CHRONIC PLAQUE PSORIASIS IN AYURVEDA BY SEQUENTIAL PURIFICATION THERAPIES

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ABSTRACT

Psoriasis vulgaris, the most prevalent form of psoriasis, commonly manifests in early adulthood and is marked by a chronic, relapsing course. In India, its prevalence ranges from 0.44% to 2.8%. This immune-mediated dermatological condition severely affects the quality of life by imposing physical, emotional, and social burdens. A 31-year-old male presented with dry, itchy, erythematous, scaly, and well-demarcated plaques symmetrically distributed over the scalp, trunk, and limbs. Based on Ayurvedic clinical evaluation, the condition was diagnosed as *Ekakustha* (plaque psoriasis). An integrative approach using classical Ayurvedic *Shodhana* (purification) therapies was employed, beginning with *Virechana Karma* (therapeutic purgation) followed by *Basti Karma* (medicated enema), in accordance with traditional management protocols for chronic skin disorders. Over the course of treatment and follow-up, the patient showed significant clinical improvement, including reduction in lesion size and severity, normalization of skin tone, and relief from pruritus and discomfort. This case highlights the importance of repeated systemic cleansing in managing chronic and relapsing conditions like psoriasis. The therapeutic response observed suggests that *Panchakarma* therapies may offer a promising complementary strategy in the long-term, individualized management of plaque psoriasis. Further research and well-designed clinical studies are warranted to substantiate these findings and integrate traditional interventions into evidence-based dermatological practice.

INTRODUCTION

Psoriasis is one of the commonest papulosquamous disorders with a prevalence between 0.44% and 2.8% in India.[1] It is a chronic dermatosis, characterized by an unpredictable course of remissions and relapses. With bimodal age distribution, early onset of the disease starts from 3rd decade with mostly a positive family history and a more severe course and late onset on 5th decade and frequently aggravates during winter. [2]

Basically, an immunological disease characterized by interplay of cellular components including T cells, keratinocytes and Langerhans cells and cytokines which are influenced by genetic factors and environmental factors like trauma, surgery, infection and drugs.[2]

In Ayurveda, *Eka Kustha* often correlating with the modern understanding of psoriasis presents with varying degrees of severity and is traditionally attributed to an imbalance of the *Doshas- Pitta, Sleshma,* and *Vata*, sequentially involving *Dhatus Rasa, Rakta, Mamsa, Lasika* initially and later all seven *Dhatus.*[3] Ayurvedic purification therapies, collectively referred to as *Shodhana* therapies, offer a comprehensive approach to managing this condition by eliminating deep-seated toxins (*Ama*), correcting *Dosa* imbalances and promoting systemic purification to enhance skin health. When integrated with appropriate dietary regimens (*Pathya-Apathya*), lifestyle modifications (*Dinacharya* and *Ritucharya*), and internal medications (*Shamana therapy*), *Panchakarma* offers promising outcomes for the long-term management and remission of psoriasis. The aim of this study is to develop a structured insight into the practice of sequential purification therapies in the management of plaque psoriasis.

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CASE REPORT

Clinical report

A 31-year-old male presented to the Panchakarma OPD with complaints of persistent dry, erythematous, and scaly plaques that were sharply demarcated and symmetrically distributed across the trunk and limbs for the past three months. Additionally, he reported dry, scaly lesions with mild erythema on the scalp persisting for six months. The patient experienced intense pruritus, with scales shedding upon scratching and occasional pinpoint bleeding following excessive itching. The patient had a history of a similar episode a year ago, for which he was prescribed allopathic medications. However, despite compliance, his symptoms showed only minimal improvement and recurred with greater intensity. Seeking long-term relief and holistic management, he opted for Ayurvedic intervention through *Panchakarma* therapy.

Table:1

Past history/Family history	Nothing significant
Diet	Non-vegetarian
Addiction	Tobacco, alcohol
Sleep	Disturbed
Appetite	Poor
Bowel	Bowel- Irregular

Integumentary system examination

Subjective findings

Morphological: Discoid, polycyclic plaques, indurated erythematous plaques, moderate scaling present removeable by grattage. Koebner's phenomenon positive.

Fig: 1 (a), 2(a), 3(a), (c), 4(a)

Distribution: Scalp, trunk including back, upper and lower limbs.

Other features: No sweating on affected parts, lesions on lower limb shows blackish discoloration, Fig: 3(c), severe itching and dryness over plagues.

Bedside test: Auspitz sign- positive

Objective findings

BSA affected: Upper limbs: 50%

Lower limbs: 50%

Trunk: 70%

PASI score: (Psoriasis Area Severity Index score):

H+T+UL+LL= 0.5+6+3.2+8= 17.7 (Depicts- Severe)

Quality of life assessment:

DQLI score – 21 depicts extremely large effect

Blood R/E- Within normal limit.

Table 2: Therapeutic Intervention

Phase	Drug Type	Drug	Significance
Phase 1	*Deepana-Pachana*	*Panchakola Churna*	3g thrice daily before food
Phase 2	*Snehapana*	*Mahatikta Ghrita*	40ml-280 ml for 7 days
Phase 3	*Virechana Karma*	*Avipattikar churna* *Pathya churna* *Madhu,* *Anupana- Munnaka Phanta*	20g 20g Q.S. Q.S.
Phase 4	*Basti Karma*	*Niruha basti* ingredients: *Madhu*-Honey, *Saindhava*- rock salt, *Tila taila*-Sesame oil, *Kalka*: *Sarsapa,*[4] *Indrayava*[5] *Guduchi,*[5] *Madan phala*[5] *Daruharidra,* [5] *Musta*[5] *Kwatha- Nimba chal*[5] *Guduchi*[5] *Daruharidra,*[5] *Bhunimba,*[4] *Aragwadha*[5] 100g *Yavakut* /day= 300ml. *Anuvasana Basti: Mahatikta Ghrita* in a dose of 70ml.	16 days
Phase 5	*Shamana*	1. *Panchatikta Ghrita Guggulu* *2. Agnitundi Vati* *3. Krimi Kuthar Ras* *4. Mahamanjisthadi kwatha* *5. Siddhartaka Snan Churna* *6.* Neem Oil	2 tabs twice daily after food 2 tabs twice daily before food 2 tabs twice daily after food 30ml with 30ml water twice daily before food Local application twice daily

Table 3: Timeline

Time	Disease Condition	Treatment
December 2022	Itchy scalp, profuse dandruff on scalp	Anti dandruff shampoo home remedies
2/05/23	Severe itching, dryness, white silvery scales falling from lesions developing extensively in scalp and mild on trunk. BSA<10%.	Conservative treatments
16/12/23	Profuse itching all over body, skin is thickened and inflamed, extensive white or yellowish scales covering large areas of trunk, upper and lower limbs, and scalp. The skin appeared very dry, with cracking and occasional bleeding spots were seen on itching. (BSA>30%)	Allopathic medications
18/05/2024	Patient reported to OPD of our hospital with severe remission of above symptoms, lesions were extensive, sharply indurated, erythematous beneath the scales and Auzpitz sign positive. Blackish discoloration of lesions was seen in lower limbs. Patient quality of life was disturbed and mental stress was seen.	*Panchakola Churna*
26/05/2024	Itching was mildly less; skin thickness reduced to some extent; bowel movements regulated. Fig1(a) Fig 2(a).	Patient was admitted to IPD, IPGAE&R at SVSP hospital
27/06/2024	Over the course of time during *Snehapana*, the colour of lesions turned dark pink from red, scaling was mild, itching subsided extensively after 4 days, mild progress was seen in dryness factor, indurations became milder though the distribution was intact. Figure 4(a).	*Snehapana*
6/07/2024	Same as above symptoms	*Virechana Karma*
12/07/2024	Colour of the lesions turned light pink, scaling was almost negligible, no itching, skin thickness/induration was reduced, mild reduction in distribution, lesions size and dryness recused. Figure 3(a).	*Basti Karma* for 16 days
18/07/2024	Colour of lesions were lighter and progressing towards normal skin tone. Scaling was absent completely, no itching was there, Dryness was reduced, mild induration was there, Distribution of lesions became less, Response to treatment was progressive.	Midpoint of *Basti karma* Schedule
27/07/24	Significant Improvement was noted. All presenting symptoms were reduced. Skin was healing progressively. Scalp lesions healed almost completely.	Patient discharged on the next day with *Shamana* (oral) medicines. Patient followed up after 2 weeks.

Outcome

Change in Subjective findings

Skin Clearance and Symptom Relief

Scalp: On admission, patient complained of rigorous itching and burning sensation, along with scaling. Fig.1(a) On the day of discharge, scaling was reduced, with no complaint of itching. Fig.1 (b), Finally scalp healed completely after two weeks. Fig 1(c)

Trunk: Significant reduction in swelling, improvement in texture, and normalization of plaque colour. Fig. 2(a), 3(b)

Lower Limbs: Noticeable reduction in induration with moderate improvement in skin tone. Fig 3(d)

Upper Limbs: Complete resolution of plaques with even skin tone restoration Fig- 4(b), 4 (c), 4(d).

Overall Symptoms: Absence of itching, discomfort, burning sensation, and pain.

Clinical Signs: No blood points observed upon grattage across all lesions.

Sustained Remission Over Time

Continued maintenance of clinical improvements without relapse.

No adverse effects reported throughout the treatment and follow-up periods.

Positive feedback received from both the patient and their family.

Change in Objective Findings

PASI score

H+T+UL+LL= 0+0.6+0.2+0=0.8

Depicts mild to none

Body surface area involved:

Upper limbs:5%

Lower limbs:10%

Trunk:10%

Scalp:

DLQI score: 3 (Depicts small effect)

Figures (Comparison between before and after treatment)

Figure 1 (a) **Figure 1 (b)** **Figure 1 (c)**

Figure 2 (a) **Figure 2 (b)**

Figure 3 (a)

Figure 3 (b)

Figure 3(c)

Figure 3 (d)

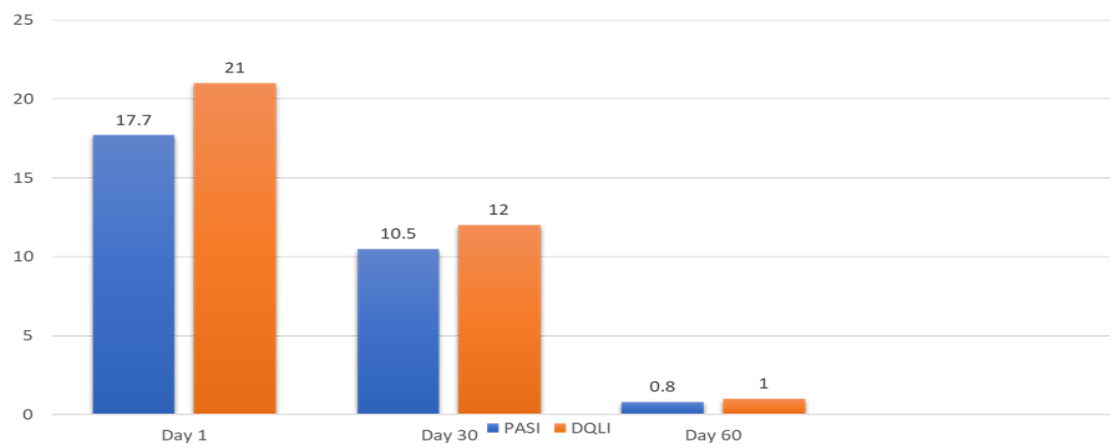
Figure 4 (a)

Figure 4 (b)

Figure 4 (c)

Figure 4 (d)

Overview of the progress in Objective Parameters like PASI score and DLQI Score



DISCUSSION

In Ayurveda, *Kustha Roga* is primarily associated with an imbalance of the *Pitta dosha*, often accompanied by underlying disturbances in *Kapha* and *Vata doshas*. *Pitta* governs burning sensation, redness, moisture or *Kleda* likely the inflammatory processes, while *Vata* contributes to dryness, roughness, and pain due to its association with movement and irregularity. The involvement of *Kapha* is reflected in clinical features such as greasy white flakes, itching, and induration of the skin. Additionally, the accumulation of *Ama* plays a significant role in the pathogenesis of inflammatory skin disorders.

Considering that *Eka Kushta* is a chronic and *Bahudoshaja* (involving multiple *Doshas*) condition, a combination of *Shodhana* and *Shamana* therapies is necessary to achieve sustainable and long-term relief. In this case, *Virechana* (therapeutic purgation) and *Vasti* (medicated enema) were specifically chosen as *Shodhana* therapies, as they effectively eliminate the accumulated *Doshas* from the body and help prevent disease recurrence.

Deepana Pachana

In *Kustha roga*, there is a situation of *Mandagni.* Therefore *Deepana-Pachana* medicines prior to *Snehapana* are important, which helps in *Ama Pachana* which is one of the causative factors of *Kushta.*

Snehapana

Mahatikta ghrita having main ingredients *as Amalaki phala rasa, Saptaparna, Musta, Triphala, Kirataikta, Guduchi, Yasti Madhu* etc., is a good purgative, having *Tikta rasa dravyas* which is beneficial for *Rakta dhatu shodhana*. It is a *Vata pitta shamaak* and acts mainly on *Kled, Meda, Lasika, Rakta, Pitta Kapha Raktashodhaka, Kushtaghna Kandughna* and *Varnya, Rasayana*. The lipophilic nature of ghee enables it to transport therapeutic agents deep into the cellular level, effectively reaching target organs, including the mitochondria and nuclear membrane. Additionally, it supports the maintenance of healthy skin texture.[7]

Amalaki phala rasa is present in major quantity which is an effective *Rasayana* and act as an immunomodulator. So, apart from bringing the *Doshas* to *Utklishta* stage, *Mahatikta* ghee in *Snehapana* has *Rasayana* and other benefits mentioned above as well.

Abhyanga and *Swedana*

Abhyanga with *Neem taila* further softens the doshas for elimination and aids in dryness and itching. *Nimba* has extensive benefits in skin disorders due to its *Tikta rasa* and *Katu Vipaka,* balances *Pitta* and *Kapha.* It is considered a very effective drug in *Kustha, Krimi*.[8]

Swedana- liquifies the vitiated *Doshas* and directs them towards *Kostha* while regulating the *Vata dosha* by its *Ushna, Snigdha* property.

Virechana Karma

In *Avipattikar Churna* the major ingredients are *Khanda Sharkara* (50%) and helps in *Daha Shamana*, compensates the *Ushma, Tikshna* and *Ruksha guna* of *Lavanga and Vanti hara*. *Trivrit Leham* (33.33%) the second most major drug is a *Sukha virechana*, helps in *Rechana, Sothahara* (anti-inflammatory) which is also being contributed by *Triphala* acting as a good *Anulomana* drug. *Lavanga* (8.33%) helps in *Vataanulomana* and *Shulaprasamana.*[9]

Pathya churna has properties like *Tridoshahara, Shothahara, Vedanasthapana, Anulomana, Rasayana, Mridu Virechaka* properties.[10] *Madhu* was added in quantity sufficient amount to form the drugs into a bolus being the best adjuvant, *Sukshma marga anusarita, Yogavahi, Kaphahara.*[11] *Munakka phanta* was administered after sometime as a *Virechanopaga.*

Basti Karma

Basti Karma is directly contra indicated by *Acharyas* because it is said to aggravate *Kushta roga.*[12] Even so *Acharyas* have mentioned the administration of *Basti* according to state of the patient and disease condition.[13] As *Vata* is also vitiated eventually in *Kustha roga*, *Basti* is the best line of treatment for it. Also, the diseases of *Sarvanga, Ekanga, Sakhagata, Kosthagata, Marmagata, Urdhajatrugata, g*eneralized and localized due to *Vayu*.[14] *Acharya Charaka* cited that *Basti* introduced in the colon acts on every system.[14] Another property of *Basti* is that it evacuates impurities quickly and easily and does *Apatarpana* and *Santarapana* according to the drugs used.[14] Drugs in the *Basti Dravya* were taken from *Aragwadhadi, Mustadi, Haridradi, Lekhaniya* having properties like- *Kustha kandhuhara, Vrana Shodhaka, Daha Prasamana, Vata Kapha Nasaka, Lekhana, Sophahara, Kapha pitta hara* etc. [15]

Shamana Aushadi

Shamana aushadhis were prescribed which maintained the outcome and remissions were controlled over time.

CONCLUSION

Taking into account factors such as disease severity and poor response to previous treatments, the application of sequential *Shodhana* therapies in this case of psoriasis resulted in significant clinical improvement. However, as this is a single case study, it is recommended that further research involving a larger sample size be conducted to validate the efficacy of this treatment approach.

Declaration of patient Consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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